

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	B/	04830	12-4

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/20/01
2	✓	✓	11/20/01
3	✓	✓	11/20/01
4	✓	✓	11/20/01
5	✓	✓	11/20/01
6	✓	✓	11/20/01
7	✓	✓	11/20/01
8	✓	✓	11/20/01
9	✓	✓	11/20/01
10	✓	✓	11/20/01
11	✓	✓	11/20/01
12	✓	✓	11/20/01
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25	✓	✓	11/20/01
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47			
48	✓	✓	11/20/01
49	✓	✓	11/20/01
50	✓	✓	11/20/01

Claim	Final	Original	Date
51	✓	✓	11/20/01
52	✓	✓	11/20/01
53	✓	✓	11/20/01
54	✓	✓	11/20/01
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Claim	Final	Original	Date
101	✓	✓	11/20/01
102	✓	✓	11/20/01
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If more than 150 claims or 10 actions  
staple additional sheet here

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INDEX OF CLAIMS

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